

August 27, 2003

Re: MDR #: M2-03-1624-01

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_\_ for an independent review. \_\_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Anesthesiology and Pain Management.

**Clinical History:**

This 46-year-old female claimant suffers back and left leg pain from a work-related accident on \_\_\_\_\_. She has a history of a lumbar fusion in 1995 and a lumbar discectomy in 1996. There is a history of a total hip arthroplasty secondary to tumor (no pathology noted). An MRI from 02/06/03 shows no spinal stenosis, mild neuroforaminal narrowing at L5-S1, and narrowing of the L5-S1 disk space. An MRI from 1998 had shown possible nerve root impingement by scar tissue. Physical exam reveals no motor or sensory deficit and negative straight-leg raising exams.

**Disputed services:**

Proposed epidural injections at L5-S1.

**Decision:**

The reviewer agrees with the determination of the insurance carrier. The services in question are not medically necessary.

**Rationale:**

At the present time, the patient has no presented evidence documenting a lumbar radiculopathy. The physical exam has no localizing findings reported. The MRI is inconsistent with any significant nerve root compression or acute inflammatory process amenable to local steroid injections. All the MRI findings are consistent with chronic degenerative changes with little likelihood of significant response to steroid injections. The MRI also reports no spinal stenosis. The 1998 MRI carries significantly less weight than the more recent study.

The reviewer's opinion is based on generally accepted clinical standards of practice based on relevant professional specialty society guidelines.

In summary, no convincing evidence of acute inflammatory or a radicular process responding to local steroids is presented. The only findings are chronic pain and minimal foraminal narrowing at L5-S1.

**Additional Comments:**

It is possible that repeat or rigorous physical exam might elicit findings consistent with an L5-S1 radiculopathy, and lumbar steroid epidural injection could be recommended on that basis. Elaboration of the "hip tumor" history would be interesting. Presumably, this has no bearing on the patient's pain, but investigation is warranted.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_\_ is deemed to be a Commission decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity** (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
P.O. Box 17787  
Austin, TX 78744  
Fax: (512) 804-4011

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on August 27, 2003.

Sincerely,